

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/14/08

FILING DATE

APPLICANT(S)

6-2204 10-18-07 3-14-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1		1		1	
5		1				
6		5				
7	1		1		1	
8		1				
9		1		1		1
10		1				
11	1		1		1	
12		1				
13		1				
14	1					
15	1		1		1	
16	1		1		1	
17	1		1		1	
18			1		1	
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TOTAL IND.	8		2		2	
TOTAL DEP.		13		3		3
TOTAL CLAIMS	21		5		5	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS